

EQUAL OPPORTUNITY COMPLAINT FORM

For use of this form, see AR 600-20; the proponent agency is DCSPER

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 3013, Secretary of the Army: Army Regulation 600-20, Army Command Policy and E.O. 9397 (*SSN*)

PRINCIPAL PURPOSE: To provide a means for filing complaint based on discrimination due to race, color, religion, or national origin.

ROUTINE USES: None

DISCLOSURE: Voluntary; However, failure to provide all the requested information could lead to rejection of complaint for inadequate data.

1. NAME	2. RANK	3. SSN	4. UNIT
5. RACE/ETHNIC GROUP		6. GENDER	7. DATE (YYYY/MM/DD)

PART I - COMPLAINT

8a. **NATURE OF COMPLAINT.** *(Give, in as much detail as possible, the basis for your complaint; describe the incident/behavior(s) and date(s) of the occurrence(s); the names of parties involved, witnesses, and to whom it may have been previously reported; plus, any additional information that would be helpful in resolving your complaint. Attach additional sheets, as needed.)*

8b. **REQUESTED REMEDY.** *(What do you think the final outcome should be?)*

9a. AFFIDAVIT.

I, _____ have read or have had read to me this statement which begins on this page (*page 1*) and ends on page _____. I fully understand the contents of the entire statement made by me. The statement is true. I have initialed all corrections. I made the statement without threat of punishment, and without coercion, unlawful influence, or unlawful inducement.

(Signature of Person Making Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this

_____ day of _____, _____ at _____.

(Signature of Person Administering Oath)

(Typed/Printed Name of Person Administering Oath)

9b. AGENCY RECEIVING COMPLAINT.

I acknowledge receipt of this complaint from _____ (*name/rank*)
of _____ (*unit*) on _____ (*date*).

I understand I have 3 calendar days (*next drill period for reserve soldiers*) in which to refer this complaint to the appropriate commander of the complainant.

9c. NAME	9d. GRADE	9e. DATE (YYYY/MM/DD)
9f. AGENCY	9g. SIGNATURE	

10a. ACKNOWLEDGEMENT.		
I acknowledge receipt of this complaint, on behalf of <i>(complainant's name)</i> _____, submitted to me by <i>(name, rank, alternative agency)</i> _____ on _____.		
I understand I have 14 calendar days <i>(3 weekend drill periods for Reserve components)</i> in which to initiate an investigation into the complaint, implement a plan to prevent reprisal, complete the investigation, and inform the complainant of the results of that investigation. All formal complaints will be reported within 72 hours to the first GCMCA in the chain of command.		
10b. NAME	10c. GRADE	10d. DATE (YYYY/MM/DD)
10e. ORGANIZATION	10f. SIGNATURE	
PART II - RESULTS OF INVESTIGATION		
11a. I <i>(name of commander)</i> _____ reviewed the report of investigation into your allegations. I <input type="checkbox"/> concur <input type="checkbox"/> nonconcur with the findings of the investigating officer. I find that your allegations are: <input type="checkbox"/> substantiated <input type="checkbox"/> unsubstantiated. I base my decision on the following points: _____		
11b. SIGNATURE OF COMMANDER	11c. DATE (YYYY/MM/DD)	
PART III - ACTIONS TO RESOLVE COMPLAINT		
12a. The command has done <i>(or will do)</i> the following actions to resolve this complaint and continue to prevent acts of reprisal: _____		
12b. ADVISEMENT TO COMPLAINANT: You have the right to appeal these actions to resolve your complaint. You will have 7 days <i>(next weekend drill for Reserve components)</i> to submit your appeal in writing. If you elect not to appeal, your case is considered closed. If you decide to appeal, state the basis of, or grounds for, your appeal in the space below. I will refer your appeal to the appellate authority, who will review your case and provide you feedback when that review is completed.		
12c. SIGNATURE OF COMMANDER	12d. DATE (YYYY/MM/DD)	
12e. ACKNOWLEDGEMENT BY THE COMPLAINANT AND SUBJECT(S) OF THE COMPLAINT OF FINDINGS, FEEDBACK, AND APPEALS OPTIONS		
_____ <i>(Signature of Complainant)</i>		_____ <i>(Date)</i>
_____ <i>(Signature of Subject(s) of Complaint)</i>		_____ <i>(Date)</i>
FOR ADDITIONAL SUBJECT(S) OF COMPLAINT, USE A BLANK SHEET OF PAPER.		
PART IV - APPEAL		
13a. I elect to appeal the outcome of my complaint for the following reasons: _____ <input type="checkbox"/> Continuation sheet(s) is attached <input type="checkbox"/> Continuation sheet(s) is not attached		
13b. COMPLAINANT'S SIGNATURE	13c. DATE (YYYY/MM/DD)	
13d. I have reviewed the complaint file, the investigative findings, and other information regarding this case. My findings are: _____		
13e. SIGNATURE OF APPELLATE AUTHORITY	13f. DATE (YYYY/MM/DD)	
13g. I acknowledge being counseled concerning the outcome of this appeal.		
13h. SIGNATURE OF COMPLAINANT	13i. DATE (YYYY/MM/DD)	